

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NUMBER <u>10/071040</u> FILING DATE	
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				51	
2			1			52	
3			1			53	
4			1			54	
5			1			55	
6						56	
7			1			57	
8			1			58	
9			1			59	
10			1			60	
11			1			61	
12			1			62	
13			1			63	
14			1			64	
15			1			65	
16			1			66	
17			1			67	
18			1			68	
19			1			69	
20			1			70	
21			1			71	
22			1			72	
23			1			73	
24			1			74	
25						75	
26			1			76	
27			1			77	
28			1			78	
29			1			79	
30						80	
31						81	
32						82	
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45							
46							
47							
48							
49							
TOTAL IND.	9		3				
TOTAL DEP.	24	24	24	24	24	24	24
TOTAL CLAIMS	28	27	27	27	27	27	27

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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